

# **Affordable Assisted Living**

## **Long Term Care Demonstration Program**

### **Program Development Update**

3/5/08 Stakeholder Event

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# AAL Initiative Components

- Promotes Continuing Care Retirement Community model – a range of housing & health options on site.
- Combine affordable housing with access to community based Medicaid services.
  - Affordability – a minimum of 20% of total units must shelter persons aged 55 years and older with incomes at or below 50% of the Area Median Income.
  - Nearly all developers exceed the 20% minimum & plan to house consumers at 30% & 40% of AMI.
- Housing & service models may vary in scope & affordability but must be replicable.

# AAL Initiative Components continued

- Utilizes a Person Centered Planning process for the development & management of an individual plan of services based upon the expressed needs & desires of the consumer.
  - The consumer directs the planning process in a meeting(s) with professional support staff and & chosen allies (e.g. family, friends, advocates)
  - Promotes choice in who will provide services.
- Promotes Aging in Place – physical design features that prolong independence & residency & ease in access to goods & services.

# DYNS Services, Inc.

- DYNs serves as the technical assistance contractor, with MSHDA & MDCH funding, to develop the demonstration initiative and support all phases of implementation.
- DYNs is facilitating a collaborative process to define the AAL model & produce the tools & resources to be utilized in the program.

# AAL Steering Committee

- A state level AAL team was assembled to plan & implement the AAL project.
- The team will define AAL services & promote housing features that support aging in place.
- The group will increase the collective understanding among stakeholders regarding housing, & Aging & Medicaid service opportunities.

# Working - AAL Philosophy

To provide a community-based LTC program in a home-like apartment style residence that facilitates self direction, person centered planning and managed risk to maximize tenant independence, dignity, privacy and aging in place in an accessible environment.

- Self direction is a program option that supports consumers in planning & directing their own care through an individual budget.
  - The budget is the cost of the consumer's plan of care developed through the person centered planning process.

# Working AAA Philosophy continued

- Risk management – Consumer decisions can conflict with provider recommendations
  - The right of consumers to assume risk is important as they try to gain control over their services & environment.
  - Multiple states use Negotiated Risk Agreements (NRAs) to identify risk & negotiate issue resolution.
  - NRAs do not over rule regulation or law or provider legal responsibilities.

# Consumer Centered Design Elements

- Full bathroom
- Kitchen area
- Lockable doors
- Private sleeping and living space
- Individual temperature controls
- Personal furnishings
- Community space for dining, laundry, living room, library, TV lounge
- Access/walkability to surrounding community activities for:
  - Health (pharmacy, physicians, etc)
  - Dining; groceries, restaurants
  - Social & Cultural opportunities



# Aging in Place Considerations

- The steering committee encourages designers of AAL physical environments to go beyond local code and federal laws:
  - Openings wider than 32” with zero height thresholds
  - Power assisted & weather shielded entries & exits
  - Lever hardware for doors
  - Rooms large enough to provide accessibility routes & turnaround space with furnishings in place.
  - Flooring with nonskid surface, direct glue carpeting and transitions between floor types
  - Zero clearance roll in showers & vanity, combination tub shower units, & reinforced shower & tub walls

# Service Delivery Strategy

- AAL consumers qualifying for publically funded services and supports living in residences completed within the current fiscal year will be served with existing MI Choice (Medicaid waiver) & Area Agency on Aging providers.
- Some sites may employ staff to broker services & supports from area community based providers. Others will contract with home health or other providers to be on-site.
- To promote the specialized nature of this LTC option, the Steering Committee is recommending that MI pursue an AAL specific Medicaid waiver for FY '09

# Service Delivery Strategy continued

- The Steering Committee is currently reviewing AAL MA waivers in other states to identify favorable program elements consistent with the adopted working philosophy to design the program structure, service options, rate structure & other crucial elements.
  - The committee will likely serve as the vehicle to produce a draft concept paper outlining the AAL program.

# What is a Waiver?

The Social Security Act authorizes multiple waiver and demonstration opportunities to allow states flexibility in operating Medicaid programs. Each waiver has a distinct purpose, and distinct requirements.

- **Section 1915(c) Home and Community-Based Services Waivers:** waives Medicaid provisions in order to allow long-term care services to be delivered in community settings. This program is the Medicaid alternative to providing comprehensive long-term services in institutional settings.

# What is waived?

Specific requirements set in Michigan's current state Medicaid plan can be suspended, including:

- State wideness – waivers permit programs to serve in specified geographic areas
- Service limits – additional services may be added in addition to state plan services
- Income eligibility restrictions – income limits may be increased to lessen disincentives that can lead persons to unnecessary & more costly care settings

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